



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Alison Walls PsyD

Respondent Name

Texas Assoc of Counties

MFDR Tracking Number

M4-26-1095-01

Insurance Carrier's Austin Representative

BOX 47 Burns Anderson Jury Brenner & Donovan

DWC Date Received

December 12, 2025

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
June 3, 2025	90791-95	\$12.15	\$0.00
June 3, 2025	96130-59-95	\$10.72	\$0.00
June 3, 2025	96131-59-95	\$72.41	\$0.00
June 3, 2025	96136-59-95	\$4.33	\$0.00
June 3, 2025	96137-59-95	\$23.94	\$0.00
Total		\$123.55	\$0.00

Requester's Position

"The insurance carrier has not properly paid this claim in accordance with DWC Rules governing the specific services billed."

Amount In Dispute: \$123.55

Respondent's Position

"As reflected in the EOBs, Live Oak County properly reimbursed Dr. Walls in accordance with the Texas Workers' Compensation Act and Division Rules and contends that the bill was paid properly per the Texas Workers' Compensation medical fee schedule.

Response Submitted By: Burns Anderson Jury & Brenner, L.L.P.

Findings and Decision

Authority

This medical fee dispute is decided according to Texas Labor Code Section [413.031](#) and other applicable laws and rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Statutes and Rules

1. 28 Texas Administrative Code (TAC) Section [133.307](#) sets out the procedures for resolving medical fee disputes.
2. 28 TAC Section [134.203](#) sets out the fee guidelines for professional medical services.

Adjustment Reasons

- 1001 – Based on the corrected billing and/or additional information/documentation now submitted by the provider, we are recommending further payment to be made for the above noted procedure code.
- 1014 – The attached billing has been re-evaluated at the request of the provider. Based on this re-evaluation, we find our original review to be correct. Therefore, no additional allowance appears to be warranted.
- 2005 – No additional reimbursement allowed after review of appeal/reconsideration.
- 2008 – Additional payment made on appeal/reconsideration.
- 309 – The charge for this procedure exceeds the fee schedule allowance.
- 3452 – Modifier 95-Synchronous telemedicine service rendered via real-time interactive audio and video telecommunications system.
- 86 – Service performed was distinct or independent from other services performed on the same day.
- 292 – This procedure code is only reimbursed when billed with the appropriate initial base code.
- 107 – Claim/service denied because the related or qualifying claim/service was not previously paid or identified on this claim.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.

Issues

1. What is DWC considering in this medical fee dispute?
2. Is the requester entitled to additional reimbursement for services in question?
3. Is the requester entitled to additional payment?

Findings

1. The requester is seeking reimbursement of professional medical services rendered on June 3, 2025. The carrier reduced the payment amount amounts based on fee schedule. The supported amount of payment is \$2,305.16 and \$1,220.73 for a total payment of \$3,525.89. The amount that remains in dispute is \$123.55.
2. The applicable fee guideline for the disputed services is found in 28 TAC Section 134.203(c) (1)(2) which states in pertinent part,
 - (c) To determine the Maximum Allowable Reimbursement (MAR) for professional services, system participants shall apply the Medicare payment policies with minimal modifications.
 1. For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is \$52.83...
 2. The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors, and shall be effective January 1st of the new calendar year..."

To determine the MAR the following formula is used:

$(\text{DWC Conversion Factor}/\text{Medicare Conversion Factor}) \times \text{Medicare Payment for location where services are rendered} = \text{MAR}$.

- The CMS physician fee schedule rates are published by carrier and locality.
- Disputed service was rendered in zip code 78415, locality 04412 99, Rest of Texas (Corpus Christi).
- The disputed date of service June 3, 2025.
- The 2025 DWC Conversion Factor is 70.18.
- The 2025 Medicare Conversion Factor is 32.3465.
- $70.18/32.3465 \times \$164.52 (90791) = \356.95 . The carrier paid \$356.95.
- $70.18/32.3465 \times \$115.47 (96130) = \250.53 . The carrier paid \$250.53.
- $70.18/32.3465 \times \$81.73 (96131) = \$177.32 \times 13 = \$2,305.21$. The carrier paid \$2,305.16.

- $70.18/32.3465 \times \$39.48 (96136) = \85.66 . The carrier paid \$85.66.
- $70.18/32.3465 \times \$34.74 (96137) = \$75.37 \times 7 = \$527.61$. The carrier paid \$527.59.

3. A review of the information available finds that the insurance carrier paid the MAR for the disputed codes listed on the DWC060. No additional payment is recommended.

Conclusion

The outcome of this medical fee dispute is based on the evidence requester and the respondent presented at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requester has not established that additional reimbursement is due.

Order

Under Texas Labor Code Sections [413.031](#) and [413.019](#), DWC has determined the requester is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

		January 14, 2026
Signature	Medical Fee Dispute Resolution Officer	Date

Your Right to Appeal

Either party to this medical fee dispute has a right to seek review of this decision under 28 TAC Section [133.307](#), which applies to disputes filed on or after **June 1, 2012**.

A party seeking review must submit [DWC Form-045M, Request to Schedule, Reschedule, or Cancel a Benefit Review Conference to Appeal a Medical Fee Dispute Decision \(BRC-MFD\)](#) and follow the instructions on the form. You can find the form at www.tdi.texas.gov/forms/form20numeric.html. DWC must receive the request within **20 days** of when you receive this decision. You may fax, mail, or personally deliver your request to DWC using the contact information on the form or the field office handling the claim. If you have questions about DWC Form-045M, please call CompConnection at 800-252-7031, option three or email CompConnection@tdi.texas.gov.

The party seeking review of the MFDR decision must deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with DWC. **Please include a copy of this Medical Fee Dispute Resolution Findings and Decision** with any other required information listed in 28 TAC Section [141.1\(d\)](#).

Si prefiere hablar con una persona en español acerca de esta correspondencia, favor de llamar a 800-252-7031, opción tres o correo electrónico CompConnection@tdi.texas.gov.